				10	E	500	82
	tive October 1, 2	003	ORD	Application 3	on or s	-18	mber.
CLAIMS A	(Column 1)	(Column 2)	SMALI TYPE	ENTITY	OF	OTHE!	R THAN ENTITY
FOR	NUMBER FILED	NUMBER EXTRA	RATI BASIC F	<del></del>		RATE BASIC FEE	FEE 920
TOTAL CHARGEABLE CLAIMS  INDEPENDENT CLAIMS	₩ minus 20=	-27.	XS 9		ÖR	240.0	486
MULTIPLE DEPENDENT CLAIM PI	RESENT		X43=	+	OR		800
• If the difference in column 1 is			TOTAL		OR OR	-290= TOTAL	1400
(Column 1)	MENDED - PART	nn 2) (Column 3)	SMALI	ENTITY	OR	OTHER SMALL E	-

**PRESENT** 

EXTRA

NUMBER

**PREVIOUSLY** 

PAID FOR

(Column 1) (Column 2) (Column 3) CLAIMS : HIGHEST AMENDMENT B REMAINING NUMBER PRESENT AFTER **PREVIOUSLY EXTRA** AMENDMENT PAID FOR - که Total Minus Independent Minus \*\*\* FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

REMAINING

**AFTER** 

AMENDAJENT

		_		
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
XS 9=	•	OR	X\$18=	
X43=		OR-	X86=	
+145=		OR	+290=	
TOTAL ODIT. FEE		OR	TOTAL ADDIT FEE	

OR

OR

OR

ADDI-

TIONAL

FEE

RATE

XS 9=

X43= -

+145=

ADDIT. FEE

TOTAL

ADDI-

TIONAL

FEE

RATE

XS18=

X86=

+290=

TOTAL OR ADDIT FEE

_		(Column 1)		(Column 2)	(Column 3)	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	•	Minus	••	=	
	Independent	•	Minus		=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

ADDI-ADDI-RATE TIONAL RATE TIONAL FEE FEE X\$ 9= X\$18= OR X43= **X86=** ÖR +145= +290= OR TOTAL OR ADDIT. FEE ADDIT. FEE

FORM PTO-875 (Rev 10:03)

Independent

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<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

<sup>.</sup> The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.